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CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD

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Revised December 1974

		STATE DEPAR	MENT OF HEALTH SFUND RECORDS CTR
PRODUCER OF WASTE (Mu	st be filled by producer)		HAULER OF WASTE (Must be filled by hauler) 999000719
Name 1/Cop			ASBURY OIL CO.
Pick up Address: 5/5/ ACOA DUG UFALDEN CODE NO.			7 13419 Halldale Ave., Gardena, California 90249 CODE NO. Phone: (213) 321-1392
Telephone Number: ()			Pick Up:Time:Upm
			State Liquid Waste Hauler's Registration No. (if applicable):
<u> </u>			
Type of Process which Produced Wastes:			Job No.: Unit No Unit No
(Examples: metal plating, equipment cleaning, oil drilling - CODE NO. wastewater treatment, pickling bath, petroleum refining)			Vehicle: Dacuum truck Darrels, flatbed, other (specify)
DESCRIPTION OF WASTE (Must be filled by producer)			The described waste was hauled by me to the disposal facility named below and was accepted.
Check type of wastes:			I certify (or declare) under penalty of perjury
1. 🗌 Acid solution 6. 🗆 Tetraethyl lead sludge 11. 🗋 Contaminated soil and sand			that the foregoing is true and correct
2. \square Alkaline solution	7. Chemical toilet wastes	12. Cannery waste	DISPOSER OF WASTE (Must be filled by disposer)
3. Pesticides	8. Tank bottom sediment	13. Latex waste	
4. Paint sludge	9. 201 190	14. Aud and water	Name (print or type):
5. Solvent	10. Drilling mud	15. ☐ Brine	Site Address:
Other (Specify)			The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
Components: Components: Components: (Examples: Hydrochloric acid, lime, caustic soda, Concentration:			local restrictions.
phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)			Quantity measured at site (if applicable):State fee (if any):
organics (nst), cyanios)			Handling Method(s):
1.		— — H H	□ recovery
2.			
3.		U U.	(EXAMPLES: INCINERATION, NEUTPALIZATION, PRECIPITATION) CODE NO.
4.	<u> </u>		☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify):
5.			If waste is held for disposal elsewhere specify final location:
6.			Disposal Date: 4-2-79
Hazardous Properties of Waste:			¬II
pH 7 none coxic flammable corrosive explosive			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
			SIGNATURE OF AUTHORIZED AGENT AND TITLE
Bulk Volume: 100	gal tons	harrels Other specify	The site operator shall submit a legible copy of each completed Record to the State Department of
Containers:(NUMBER)	drums cartons		Tisatin with monthly rectiports.
Physical State:	solid Diguid		
rnysical State.	Solid America	studge other (SPECIFY)	
Special Handling Instructions (if any):			- 1 / 0
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The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).			.]
I certify (or declare) under penalty of perjury			FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
that the foregoing is true and correct.			HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.
	SIGNAT	URE OF AUTHORIZED AGENT AND TITLE	D.O.T. Proper Shipping Name